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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

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					Office Use Only	
NAME OF COMMITTEE (in full)	(Check if is change		ample: If typing, type er the lines.	12FE4M5		
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					1111111	
ADDRESS (number and street) ▼	P.O. BOX	4 121213121	111111			
(Check if address is changed)						
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COMMITTEE'S E-MAIL ADDR	FSS	CITY 4		STATE A	ZIP CODE A	
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COMMITTEE'S WEB PAGE AI	ODRESS (URL)					
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COMMITTEE'S FAX NUMBER	!					
2,1,5-18,8,1-19,2						
2. DATE	6 200	. 1747				
3. FEC IDENTIFICATION N	IUMBER >	C 0 0 4	38721			
4. IS THIS STATEMENT	NEW (N)	OR 🖔	AMENDED (A)			
I certify that I have examined	this Statement and t	o the best of my	knowledge and belief	it is true, correct a	nd complete.	
Type or Print Name of Treasurer Jeffrey 7. Harbison						
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Signature of Treasurer	MHa	<u> </u>		Date 10	19 2007	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use Only FE3AN042.PDF			For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2003)	